

ROOMMATE MATCHING SERVICE QUESTIONNAIRE

Name: _____ Phone# _____ e-mail _____

Address _____

Male _____ Female _____ Age _____ Major _____ Year in School _____

Anticipated Graduation Year _____

Have you lived on campus? _____ Have you lived on your own before? _____

Do you plan to work? _____ Anticipated work schedule: _____

Local Employer: _____

Interested in sports? _____ What sports do you play or watch? _____

Favorite Music Type: _____ Loud? Y / N Other Interests: _____

Partier: Everyday _____ Weekend _____ Special Occasions _____ Rarely _____

Smoker _____ Non-Smoker _____ Do you mind roommates who smoke? _____

Drinker _____ If so, frequency _____ Non-drinker _____ Do you mind roommates who drink? _____

Cleaning Preferences: Very clean & neat _____ Clean but untidy _____ Messy _____

Sleeping Habits: Early Rise Time: _____ Late Rise Time: _____ Bedtime: _____

Preferences:

Do you plan to have Visitors **Y / N** Frequency: _____ Do you mind visitors **Y / N** Frequency: _____

Prefer male roommate _____ Prefer female roommate _____ Doesn't matter _____

Do you require a handicapped unit **Y / N**?

Study Habits: Alone _____ In groups _____ With distractions _____ Complete quiet _____

Would you like to add anything? _____

While I understand that every attempt will be made to assign roommates based on like preferences, no guarantee can

be made.

Date Signature

Administrative Use Only

Lease dates: _____ Apt. # _____ Rm. # _____

Leasing Agent: _____ Manager: _____ Date: _____